

# County of Los Angeles CHIEF ADMINISTRATIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012 (213) 974-1101 http://cao.co.la.ca.us

September 30, 2003

Board of Supervisors GLORIA MOLINA First District

YVONNE BRATHWAITE BURKE Second District

ZEV YAROSLAVSKY Third District

DON KNABE Fourth District

MICHAEL D. ANTONOVICH

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, CA 90012

**Dear Supervisors:** 

# UNION SPONSORED HEALTH PLAN CORRECTION (3 VOTES)

#### Joint recommendation with Director of Personnel that your Board:

- 1. Approve a correction to the premium rate for an employee plus one dependent under the Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan for the period January 1, 2004, through December 31, 2004, as shown in the attached letter from Fire Fighters Local 1014.
- 2. Instruct the Auditor-Controller to make the necessary payroll system changes to ensure the corrected rate is reflected with the payroll issued on January 15, 2004.

#### PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The purpose of this recommendation is to implement a correction to the premium rates previously submitted by Fire Fighters Local 1014 and approved by your Board on September 16, 2003. This change is requested by Fire Fighters Local 1014.

#### Implementation of Strategic Plan Goals

The recommended action is consistent with and promotes the approved Strategic Plan Goal: Workforce Excellence.

The Honorable Board of Supervisors September 30, 2003 Page 2

#### FISCAL IMPACT/FINANCING

None.

### FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On September 16, 2003, your Board approved medical plan rates for both County and Union sponsored plans for the period January 1, 2004, through December 31, 2004. Subsequently, Fire Fighters Local 1014 advised us of the need to correct an inadvertent error in the two-party rate for the Fire Fighters Local 1014 health plan (See Attachment). The correct medical premium rate effective January 1, 2004, for an employee plus one dependent is \$664.44.

Director of Personnel

Respectfully submitted,

DAVID E. JANSSEN Chief Administrative Officer

DEJ:MJH

Attachment (1)

WGL:md

c: Auditor-Controller County Counsel Fire Fighters Local 1014



## Los Angeles County Fire Fighters

#### LOCAL 1014 HEALTH AND WELFARE PLAN

3460 FLETCHER AVENUE - EL MONTE, CALIFORNIA 91731 (310) 639-1014 (800) 880-1014 (within Cetifornia)



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September 16, 2003

Marion L. Hall Human Resources Manager County of Los Angeles Department of Human Resources 2222 Wilshire Blvd. Suite #1000 Los Angeles, CA 90010-4101 VIA FACISIMLE (213) 637-0820

Dear Ms. Hall:

This letter is to advise that my letter of July 29, 2003 regarding the Local 1014 Health and Welfare Plan's 2004 premium rates had an error as follows:

Member +1 was stated as \$644.44

Member +1 should have been stated as \$664.44

This was discovered today when Mercer Human Resource Company sent a follow-up letter to me. This was a typographical transposition error on our part.

Attached is a copy of the Mercer letter we received today.

Sincerely,		_ /	-=
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Plan Administrator

HHS/cv

Enclosure

Received by Date